

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Murrison	Teri	Ann	[REDACTED]
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE
[REDACTED]			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

County of Tuolumne

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Tuolumne

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is 1/1/09 through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____ through the date of leaving office

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/15/2010
(month, day, year)

Signature [REDACTED]
(The filer is hereby signed and sworn to by your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICE COMMISSION
Name Teri A. Murrison

► 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dodge Ridge Corporation

ADDRESS (Business Address Acceptable)

P.O. Box 1188, Pinecrest, CA 95364

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Ski resort

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME

Sonora Union High School District

ADDRESS (Business Address Acceptable)

251 South Barretta Street, Sonora, CA 95370

BUSINESS ACTIVITY, IF ANY, OF SOURCE

School

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Teri A. Murrison

- | | |
|---|--|
| <p>▶ NAME OF SOURCE
 <u>American Stewards of Liberty</u>
 ADDRESS (Business Address Acceptable)
 <u>P.O. Box 1190</u>
 CITY AND STATE
 <u>Taylor, TX 76574</u>
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 <u>501(c)(3) nonprofit</u>

 DATE(S): <u>10</u>/<u>31</u>/<u>09</u> - <u>11</u>/<u>7</u>/<u>09</u> AMT: \$ <u>759.46</u>
 <small>(If applicable)</small>

 TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income

 DESCRIPTION: <u>travel expenses to speak at 2009 Call America conference in Denver, CO; not subject to gift limit per GC 89506(a)(2)</u></p> | <p>▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 <small>(If applicable)</small>

 TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income

 DESCRIPTION: _____</p> |
| <p>▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 <small>(If applicable)</small>

 TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income

 DESCRIPTION: _____</p> | <p>▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 <small>(If applicable)</small>

 TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income

 DESCRIPTION: _____</p> |

FPPC Form 700 (2009/2010) Sch. E
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov